



FH

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

MPA/143835

PRELIMINARY RECITALS

Pursuant to a petition filed September 13, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on October 30, 2012, at West Bend, Wisconsin.

The issues for determination are whether the denial of the PA is moot and whether agency must reimburse the Petitioner for an emergency root canal performed by a provider not certified by Wisconsin Medicaid after the agency denied the Petitioner's PA request.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: Robert Dwyer

Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Washington County.
2. On August 31, 2012, the Petitioner's provider, Marquette University School of Dentistry, submitted a Prior Authorization to the agency for a root canal at a cost of \$528.
3. On September 5, 2012, the agency denied the PA finding that the tooth is non-restorable and more than 50% of the crown is destroyed by decay.
4. On September 13, 2012, the Petitioner filed an appeal with the Division of Hearings and Appeals.
5. Prior to the hearing, the Petitioner had an emergency root canal done by a provider who is not a certified Wisconsin Medicaid provider. The cost was \$1,109.

DISCUSSION

A provider must be certified by Wisconsin Medicaid to be eligible for reimbursements by the MA program. Wis. Admin. Code § HFS 106.02. Services provided by a non-certified provider are subject to the following reimbursement criteria:

HFS 105.03 Participation by non-certified persons.

(1) REIMBURSEMENT FOR EMERGENCY SERVICES. If a resident of Wisconsin or of another state who is not certified by MA in this state provides emergency services to a Wisconsin recipient, that person shall not be reimbursed for those services by MA unless the services are covered services under ch. HFS 107 and:

- (a) The person submits to the fiscal agent a provider data form and a claim for reimbursement of emergency services on forms prescribed by the department;
- (b) The person submits to the department a statement in writing on a form prescribed by the department explaining the nature of the emergency, including a description of the recipient's condition, cause of emergency, if known, diagnosis and extent of injuries, the services which were provided and when, and the reason that the recipient could not receive services from a certified provider; and
- (c) The person possesses all licenses and other entitlements required under state and federal statutes, rules and regulations, and is qualified to provide all services for which a claim is submitted.

In this case, the Petitioner's mother testified at the hearing on her behalf. She stated that the Petitioner had been in much pain and could not wait for a final decision on the PA denial. The root canal was done by the Petitioner's mother's dentist who is not a certified MA provider. The Petitioner's mother testified that the provider found more decay in the tooth than expected but he was able to save the tooth. At the time of the hearing, the Petitioner was hospitalized due to a heart attack that she suffered days prior to the scheduled hearing. The Petitioner's mother requested to be reimbursed for the cost of the root canal performed by her own provider.

The original appeal filed in this matter related to the agency's denial of the PA request for a root canal by a certified MA provider, Marquette University School of Dentistry. Because the Petitioner had a root canal done by a non-certified provider subsequent to filing the appeal, the issue of the agency's denial of the PA is moot. The Petitioner has not, at this time, filed a request for reimbursement under the procedure outline above for emergency services by a non-certified provider. I cannot provide any remedy under that section until the Petitioner makes a request and the agency makes a determination. If the Petitioner submits a request for reimbursement pursuant to the procedure outline above, the agency will make a determination based on the information

provided as to whether the Petitioner may be reimbursed under these criteria and the Petitioner will have separate appeal rights if the determination is not favorable.

It appears that the necessary form the Petitioner needs to complete for possible reimbursement is Department of Health Services Form F-11002 which can be found at <http://www.dhs.wisconsin.gov/forms/F1/F11002.pdf> and the instructions for completion Form F-11002A at <http://www.dhs.wisconsin.gov/forms/F1/F11002A.pdf>.

CONCLUSIONS OF LAW

The issue of the agency's denial of the PA is moot. The Petitioner may seek a determination regarding reimbursement from the agency by filing the necessary forms for emergency services provided by a non-certified provider.

THEREFORE, it is

ORDERED

That the petition be, and hereby is, dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

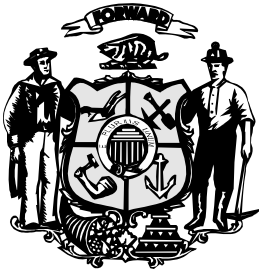
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 29th day of November, 2012

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on November 29, 2012.

Division of Health Care Access And Accountability